



**Financial Statements
June 30, 2008 and 2007**

DATE RECEIVED:



AUDIT REVIEW #(s) 04885

Assigned To: Mann

Date Reviewed: 7/20/09

Reviewer's Initials: Jm

Date Review(s) Completed: 7/20/09



**Financial Statements
June 30, 2008 and 2007**

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Grant Bennett Associates

A PROFESSIONAL CORPORATION

Board of Directors
Operation Care
Jackson, California

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statements of financial position of Operation Care, (a nonprofit organization) as of June 30, 2008 and 2007 and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of Operation Care's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Operation Care as of June 30, 2008 and 2007, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated April 9, 2009, on our consideration of Operation Care's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

GRANT BENNETT ASSOCIATES
A PROFESSIONAL CORPORATION
Certified Public Accountants

April 9, 2009



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Operation Care
Statements of Financial Position
June 30, 2008 and 2007

| | 2008 | 2007 |
|--|-------------------|-------------------|
| ASSETS | | |
| Current Assets: | | |
| Cash and Cash Equivalents | \$ 6,190 | \$ 51,093 |
| Grants Receivable | 106,299 | 89,489 |
| Other Receivables | 62 | 1,664 |
| Prepaid Expenses | <u>677</u> | <u>4,077</u> |
| Total Current Assets | <u>113,228</u> | <u>146,323</u> |
| Property and Equipment: | | |
| Property and Equipment | 294,822 | 294,822 |
| Less: Accumulated Depreciation | <u>(54,240)</u> | <u>(42,414)</u> |
| Net Property and Equipment | 240,582 | 252,408 |
| Deposits | 6,684 | 6,334 |
| TOTAL ASSETS | \$ 360,494 | \$ 405,065 |
| LIABILITIES AND NET ASSETS | | |
| Current Liabilities: | | |
| Accounts Payable | \$ 12,758 | \$ 22,545 |
| Accrued Expenses | 12,644 | 17,993 |
| Line of Credit and Other Short Term Debt | <u>52,914</u> | <u>45,857</u> |
| Total Current Liabilities | 78,316 | 86,395 |
| Long Term Debt | <u>-</u> | <u>3,195</u> |
| Total Liabilities | <u>78,316</u> | <u>89,590</u> |
| Net Assets: | | |
| Unrestricted Net Assets | 128,526 | 161,823 |
| Temporarily Restricted Assets | <u>153,652</u> | <u>153,652</u> |
| Total Net Assets | 282,178 | 315,475 |
| TOTAL LIABILITIES AND NET ASSETS | \$ 360,494 | \$ 405,065 |

The accompanying notes are an integral part of these financial statements.



Operation Care
Statement of Activities and Changes in Net Assets
For the Years Ended June 30, 2008 and 2007

| | 2008 | 2007 |
|---|-------------------|-------------------|
| UNRESTRICTED NET ASSETS: | | |
| Revenue, Support and Reclassifications: | | |
| Grant Revenue | \$ 398,016 | \$ 412,346 |
| Fees | 9,174 | 6,778 |
| Contributions | 39,578 | 70,033 |
| Special Events | 27,874 | 13,630 |
| Other | 10,530 | 9,469 |
| Net Assets Released From Restrictions | <u>-</u> | <u>-</u> |
| Total Unrestricted Revenue, Support and Reclassifications | <u>485,172</u> | <u>512,256</u> |
| Expenses: | | |
| OES Grants | 315,985 | 315,321 |
| DHS Grant | 40,024 | 43,860 |
| Federal Emergency Shelter Grant | 26,197 | 27,089 |
| Other Program Services | <u>55,335</u> | <u>42,510</u> |
| Total Program Expenses | 437,541 | 428,780 |
| General and Administrative Expenses | 75,768 | 93,276 |
| Fundraising | <u>5,160</u> | <u>4,284</u> |
| Total Expenses | <u>518,469</u> | <u>526,340</u> |
| Change in Unrestricted Net Assets | <u>(33,297)</u> | <u>(14,084)</u> |
| TEMPORARILY RESTRICTED NET ASSETS: | | |
| Grant Revenue | - | - |
| Net Assets Released From Restrictions | <u>-</u> | <u>-</u> |
| Change in Temporarily Restricted Net Assets | <u>-</u> | <u>-</u> |
| Change in Net Assets | (33,297) | (14,084) |
| Net Assets, Beginning | 315,475 | 329,559 |
| Net Assets, Ending | <u>\$ 282,178</u> | <u>\$ 315,475</u> |

The accompanying notes are an integral part of these financial statements.



Operation Care
Statement of Functional Expenses
For the Year Ended June 30, 2008

| | OES Grants | DHS Grant | Federal Emergency Shelter Grant | Other Program Services | Fundraising | General & Administrative | Total |
|----------------------------|-------------------|------------------|---------------------------------------|------------------------------|-----------------|-----------------------------|-------------------|
| Salaries and Wages | \$ 188,165 | \$ 21,945 | \$ 9,499 | \$ 5,286 | \$ - | \$ 25,989 | \$ 250,884 |
| Payroll Taxes and Benefits | 31,213 | 1,851 | 1,976 | 4,222 | - | 5,862 | 45,124 |
| In-Kind Services | - | - | - | 9,364 | - | - | 9,364 |
| Client Assistance | - | - | - | 2,521 | - | - | 2,521 |
| Telephone and Utilities | 14,265 | 1,910 | 8,040 | 2,785 | - | 223 | 27,223 |
| Professional Fees | 15,360 | 1,087 | 141 | 7,086 | - | 8,944 | 32,618 |
| Insurance | 3,463 | - | 1,422 | 2,519 | - | 2,071 | 9,475 |
| Supplies and Equipment | 19,399 | 1,458 | 86 | 5,028 | - | 3,809 | 29,780 |
| Advertising and Promotion | 10,720 | 1,726 | 12 | 871 | 1,203 | 1,480 | 16,012 |
| Occupancy | 20,505 | 4,400 | 3,462 | 12,433 | - | 3,462 | 44,262 |
| Printing and Publications | 2,221 | 781 | - | 25 | - | 601 | 3,628 |
| Depreciation | - | - | - | - | - | 11,826 | 11,826 |
| Postage | 1,206 | 13 | - | 244 | - | 349 | 1,812 |
| Travel | 3,136 | 531 | 13 | 1,755 | - | 2 | 5,437 |
| Repairs and Maintenance | 1,018 | 25 | 1,536 | 34 | - | 840 | 3,453 |
| Training | 4,814 | 1,999 | 10 | 476 | - | 321 | 7,620 |
| Taxes and Licenses | - | - | - | 92 | - | 245 | 337 |
| Other Fundraising Expense | - | - | - | 594 | 3,957 | 5,674 | 10,225 |
| Miscellaneous | 500 | 2,298 | - | - | - | 4,070 | 6,868 |
| Total Expenses | \$ 315,985 | \$ 40,024 | \$ 26,197 | \$ 55,335 | \$ 5,160 | \$ 75,768 | \$ 518,469 |

The accompanying notes are an integral part of these financial statements.



Operation Care
Statement of Functional Expenses
For the Year Ended June 30, 2007

| | OES Grants | DHS Grant | Federal Emergency Shelter Grant | Other Program Services | Fundraising | General & Administrative | Total |
|----------------------------|-------------------|------------------|---------------------------------------|------------------------------|-----------------|-----------------------------|-------------------|
| Salaries and Wages | \$ 209,227 | \$ 29,159 | \$ 23,653 | \$ 12,494 | \$ - | \$ 24,197 | \$ 298,730 |
| Payroll Taxes and Benefits | 33,598 | 5,207 | 3,436 | 1,863 | - | 5,101 | 49,205 |
| In-Kind Services | - | - | - | 8,454 | - | - | 8,454 |
| Client Assistance | 443 | - | - | 206 | - | 101 | 750 |
| Telephone and Utilities | 16,165 | 2,350 | - | 2,589 | - | 3,123 | 24,227 |
| Professional Fees | 13,335 | 1,418 | - | 300 | - | 8,893 | 23,946 |
| Insurance | 1,875 | - | - | 310 | - | 2,393 | 4,578 |
| Supplies and Equipment | 9,401 | 724 | - | 2,498 | - | 5,210 | 17,833 |
| Advertising and Promotion | 858 | 650 | - | 2,847 | - | 424 | 4,779 |
| Occupancy | 15,457 | 2,383 | - | 4,601 | - | 18,359 | 40,800 |
| Printing and Publications | 2,055 | 453 | - | 1,365 | - | 89 | 3,962 |
| Depreciation | - | - | - | - | - | 11,916 | 11,916 |
| Postage | 497 | 332 | - | 925 | - | 931 | 2,685 |
| Travel | 2,106 | 542 | - | 784 | - | 573 | 4,005 |
| Repairs and Maintenance | 2,115 | 497 | - | 2,021 | - | 1,033 | 5,666 |
| Training | 7,583 | 145 | - | 299 | - | 610 | 8,637 |
| Taxes and Licenses | - | - | - | - | - | 405 | 405 |
| Other Fundraising Expense | 106 | - | - | 180 | 4,284 | 5,211 | 9,781 |
| Miscellaneous | 500 | - | - | 774 | - | 4,707 | 5,981 |
| Total Expenses | \$ 315,321 | \$ 43,860 | \$ 27,089 | \$ 42,510 | \$ 4,284 | \$ 93,276 | \$ 526,340 |

The accompanying notes are an integral part of these financial statements.



Operation Care
Statement of Cash Flows
For the Years Ended June 30, 2008 and 2007

| | 2008 | 2007 |
|---|------------------|------------------|
| Cash Flows From Operating Activities: | | |
| Cash Receipts: | | |
| Cash Received from Grants | \$ 381,206 | \$ 406,350 |
| Cash Received from Contributions | 39,578 | 70,033 |
| Other Operating Cash Receipts | 47,578 | 21,420 |
| Interest Received | <u>2</u> | <u>3</u> |
| | <u>468,364</u> | <u>497,806</u> |
| Cash Payments: | | |
| Cash Paid for Operating Activities | (511,479) | (483,958) |
| Interest Paid | <u>(5,650)</u> | <u>(4,788)</u> |
| | <u>(517,129)</u> | <u>(488,746)</u> |
| Net Cash Flows from Operating Activities | <u>(48,765)</u> | <u>9,060</u> |
| Cash Flows From Financing Activities: | | |
| Proceeds from Line of Credit and Promissory Notes | 64,100 | 124,600 |
| Principal Payments on Line of Credit and Promissory Notes | <u>(60,238)</u> | <u>(136,209)</u> |
| Net Cash Flows from Financing Activities | <u>3,862</u> | <u>(11,609)</u> |
| NET CHANGE IN CASH | (44,903) | (2,549) |
| CASH AT BEGINNING OF YEAR | 51,093 | 53,642 |
| CASH AT END OF YEAR | \$ 6,190 | \$ 51,093 |

The accompanying notes are an integral part of these financial statements.



Operation Care
Statement of Cash Flows (Continued)
For the Years Ended June 30, 2008 and 2007

| | 2008 | 2007 |
|--|-------------|-------------|
| Reconciliation of Change in Net Assets to Net Cash Flows from Operating Activities: | | |
| Change in Net Assets | \$ (33,297) | \$ (14,084) |
| Noncash Revenue and Expenses Included in Change in Net Assets: | | |
| Depreciation | 11,826 | 11,916 |
| Change in Grants Receivable | (16,810) | (5,996) |
| Change in Prepaid Expenses | 3,400 | (3,690) |
| Change in Other Current Assets | 1,602 | (1,664) |
| Change in Deposits | (350) | - |
| Change in Accounts Payable | (9,787) | 16,906 |
| Change in Accrued Expenses | (5,349) | 5,672 |
| Net Cash Flows from Operating Activities | \$ (48,765) | \$ 9,060 |

The accompanying notes are an integral part of these financial statements.



Operation Care
Notes to Financial Statements
June 30, 2008 and 2007

NOTE 1 - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES:

A. General

Operation Care is a nonprofit organization which serves Amador County, California with a 24 hour crisis hotline and counsels victims of domestic violence and sexual assault. The organization also operates a safe house for victims of domestic violence.

B. Basis of Accounting

The financial statements of Operation Care have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. This method reflects revenues and expenses in the accounts in the period in which they are considered to have been earned and incurred, respectively. Any unearned revenue is reflected as deferred revenue and reported as a current liability. Net assets are classified based on the existence or absence of donor-imposed restrictions.

C. Income Taxes

Operation Care is exempt from federal and state income tax liability under Section 501(c)(3) of the Internal Revenue Code and by the California Franchise Tax Board under Section 23701(d). The Organization has been classified as a publicly supported organization that is not a private foundation under Section 509(a) of the Internal Revenue Code.

D. Property and Equipment

Property and equipment are stated at cost. Property and equipment with an acquisition cost of at least \$500 and a normal useful life of more than one year are capitalized. Maintenance and repairs are charged to expense as incurred. Property and equipment are being depreciated using the straight-line method over their estimated useful lives which range from five to thirty years. Property and equipment acquired from funds received from grants in which the grantor retains a reversionary interest in the assets at the end of the grant period are expensed in the year of acquisition.

Non-cash donations of property and equipment or improvements are recorded as contributions at their estimated fair values at the date of the donation.

E. Grants Receivable

Grants receivable consist of amounts due from various state and local governmental agencies under various grant agreements and awards. Allowance for uncollectible amounts is zero, since all grants are deemed to be collectible.



Operation Care
Notes to Financial Statements
June 30, 2008 and 2007

NOTE 1 - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES: - (Continued):

F. Accounting for Contributions and Grants

Generally accepted accounting principles require that the Organization reports information about its financial position and activities in three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. Unrestricted contributions and grants are recognized as an increase in unrestricted net assets when received. Donor restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the donor-imposed restriction. When restrictions are satisfied, either by the passage of time or by accomplishing the purpose, the temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Government contracts are reported in the unrestricted net asset class because they are fee-for-service agreements and are not voluntary nonreciprocal contributions.

G. Functional Expense Reporting

The cost of providing the Organization's programs have been summarized on a functional basis in these financial statements. Based on management estimates, costs have been allocated between programs and supporting services as they relate to those functions.

H. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the reporting date and revenues and expenses during the reporting period. Actual results could differ from those estimates.

I. Cash Equivalents

For purposes of the statement of cash flows, Operation Care considers all highly liquid investments with a maturity of three month or less to be cash equivalents.

J. Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform with current year presentation.



Operation Care
Notes to Financial Statements
June 30, 2008 and 2007

NOTE 2 - GRANTS RECEIVABLE:

Grants receivable was comprised of the following at June 30, 2008 and 2007:

| | 2008 | 2007 |
|---|------------------|-----------------|
| Office of Emergency Services | \$ 86,318 | \$ 67,473 |
| Department of Health Services | 10,565 | 22,016 |
| Department of Housing and Community Development | 6,916 | - |
| Local Governmental Agencies | 2,500 | - |
| | <hr/> \$ 106,299 | <hr/> \$ 89,489 |

NOTE 3 - TEMPORARILY RESTRICTED NET ASSETS:

In July 2004, an agreement was signed between the organization and the City of Jackson to rehabilitate the safe house operated by Operation Care with a Community Development Block Grant which was awarded to the City of Jackson. \$144,900 was to be allocated by the City of Jackson to make the necessary repairs and renovations. Upon completion, the building is to continue to be used as a domestic violence facility by the organization for as long as practical. For a period of at least five years following expiration of the agreement, the organization must continue to provide services as outlined in the agreement. Should Operation Care cease to exist as a corporation or other legal entity or cease to provide the mandated services, then the organization will be required to remit to the City the sum of \$144,900. The renovations were completed in November 2005 and the \$144,900 is included in property and equipment and temporarily restricted net assets at June 30, 2008 and 2007.

NOTE 4 - PROPERTY AND EQUIPMENT:

Property and equipment was comprised of the following at June 30, 2008 and 2007:

| | 2008 | 2007 |
|--------------|------------------|------------------|
| Land | \$ 31,250 | \$ 31,250 |
| Building | 93,750 | 93,750 |
| Improvements | 160,126 | 160,126 |
| Equipment | 9,696 | 9,696 |
| | <hr/> \$ 294,822 | <hr/> \$ 294,822 |



Operation Care
Notes to Financial Statements
June 30, 2008 and 2007

NOTE 5 - LINE OF CREDIT AND LONG TERM DEBT:

The Organization maintains a \$150,000 secured bank line of credit which matures October 6, 2008. Amounts borrowed under this agreement bear interest at the bank's base lending rate plus 1% (approximately 6.0% at June 30, 2008). At June 30, 2008 and 2007, \$49,719 and \$41,654, respectively, was outstanding on this line.

The Organization also has a loan agreement with a company for the purchase of office equipment. The loan bears interest at a fixed rate of 20.49% and is payable in monthly installments including interest of \$445. The loan is secured by computer equipment and is scheduled to mature in 2009. The unpaid principal amount due on the loan was \$3,195 and \$7,398 at June 30, 2008 and 2007, respectively.

NOTE 6 - COMMITMENTS AND CONTINGENCIES:

Leases -

Operation Care leases certain office equipment and conducts a portion of its activities in leased facilities classified under operating leases.

In May 2005 a five year lease agreement for new office facilities was signed commencing on July 15, 2005 and expiring in 2010. The lease contains provision for annual rental adjustments based upon increases in the consumer price index. Minimum future rental payments under all operating leases, which expire at various dates through fiscal year 2011 are as follows:

Year Ending June 30:

| | | |
|------|----|------------|
| 2009 | \$ | 48,586 |
| 2010 | | 48,586 |
| 2011 | | 8,344 |
| | | <hr/> |
| | | \$ 105,516 |

Grant Revenue -

Various state and local agencies have the authority to audit the books and records of Operation Care as they pertain to the grants and contracts they have awarded. As the result of these potential audits, some grants or contract costs could be disallowed which would create a liability to the Organization.

Supplementary Information

Grant Bennett Associates

A PROFESSIONAL CORPORATION

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors
Operation Care
Jackson, California

We have audited the financial statements of Operation Care as of and for the year ended June 30, 2008, and have issued our report thereon dated April 9, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Operation Care's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Operation Care's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Operation Care's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses. However, as discussed below, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control. We consider each of the deficiencies described in the accompanying schedule of findings and responses to be significant deficiencies in internal control over financial reporting.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control. Of the significant deficiencies in financial reporting described in the accompanying schedule of findings and responses, we consider that which is identified as 08-02 to also be a material weakness.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether Operation Care's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Operation Care's response to the findings identified in our audit are described in the accompanying schedule of findings and responses. We did not audit Operation Care's responses and, accordingly, we express no opinion on them.

This report is intended solely for the information and use of the board of directors, management and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

GRANT BENNETT ASSOCIATES
A PROFESSIONAL CORPORATION
Certified Public Accountants

April 9, 2009



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**Operation Care
Schedule of Findings and Responses
For the Year Ended June 30, 2008**

08-01 (Significant Deficiency in Internal Control) - Throughout most of the year ended June 30, 2008, management did not appear to have adequate procedures in place to track and record the value of noncash donations received by the organization such as gifts-in-kind and contributed services. Statement of Financial Accounting Standards (SFAS) No. 116, *Accounting for Contributions Received and Contributions Made* requires that contributions of services shall be recognized if the services received (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Among those services requiring specialized skills are those provided by accountants, architects, carpenters, doctors, electricians, lawyers, nurses, plumbers, teachers, and other professionals and craftsmen. Donated services that create or enhance a nonfinancial asset do not require specialized skills to be recognized as contributions. Nonfinancial assets are items such as inventory, land, buildings, equipment, and other tangible assets. When donated services create or enhance a nonfinancial asset, the value of the services is capitalized as part of the cost of the asset. Donated services that meet the criteria for recognition as contributions should be recorded at their fair value. Fair value may be estimated based on fees or hourly rates charged for similar services under similar conditions. Donated services that create or enhance a nonfinancial asset may be recognized at the fair value of the donated services or the fair value of the asset created (or the increase in fair value of an enhanced asset).

During the latter part of the year ended June 30, 2008, management developed and implemented procedures to track and record the value of noncash donations received such as gifts-in-kind and contributed services. We reviewed and tested the newly installed procedures which appear to be operating effectively.

Management Response:

As noted above, procedures have been approved and implemented to recognize the value of in-kind contributions to our organization. The procedures have been documented and included as part of our accounting procedures manual.

08-02 (Material Weakness in Internal Control) - A system of internal control over financial reporting includes controls over financial statement preparation, including footnote disclosures. The organization does not have a person with the skills and knowledge to prepare financial statements that include all the disclosures required by generally accepted accounting principles. Management has advised use that they do not believe that the cost of employing this level of expertise warrants the associated costs.

We believe that this deficiency constitutes a material weakness that is already known to management and represents a conscious decision by management to accept that degree of risk because of cost or other considerations. Management is responsible for making decisions concerning costs to be incurred and related benefits.

Management Response:

With our current funding base, it would be financially cost prohibitive to hire an in-house person to perform the financial accounting and reporting duties. We have contracted with an outside party to prepare the quarterly and annual payroll reports and tax forms. Our contracted CPA and bookkeeper prepare monthly financial reports, and at the end of each fiscal year, our auditor prepares our financial statements including footnote disclosures. We feel that with these contracted services, our financial reporting and reporting is being performed by experts in their field.

**Operation Care
Status of Prior Year Findings
For the Year Ended June 30, 2007**

07-01 (Internal Controls) - Significant Audit Adjustments Required:

This weakness appears to have been corrected. We proposed no audit adjustments for the year ended June 30, 2008 which could have had a significant effect on the organization's financial reporting process.

07-02 (Internal Controls) - Inadequate Procedures to Track and Record In-kind Donations:

Management has developed and implemented procedures to track and record the value of noncash donations received such as gifts-in-kind and contributed services. We reviewed and tested the newly installed procedures which appear to be operating effectively, however, due to the timing of the completion of the prior year's audit, corrective action was not put into place until the final few months of the year ended June 30, 2008. Thus, this item remains as current year finding 08-01. We do not expect this finding to be noted again in the following year.

07-03 (Internal Controls) - Inadequate Segregation of Duties:

Management appears to have implemented procedures to ensure that adequate segregation of duties is in place throughout the accounting process.

07-04 (Internal Controls) - Lack of Expertise in Financial Accounting and Reporting:

As expected, this finding remains as current year finding 08-02. Due to the limited size and resources available to the organization, management has determined that they do not believe that the cost of employing this level of expertise warrants the associated costs involved. Statement on Auditing Standards (SAS) No. 112, *Communicating Internal Control Related Matters Identified in an Audit* requires auditors to communicate in writing certain deficiencies such as this, which in past years were not required to be reported. In addition, all deficiencies noted must continue to be reported for as long as the deficiency remains in effect.



April 9, 2009

Grant Bennett Associates
1425 River Park Drive, Suite 250
Sacramento, CA 95815

We are providing this letter in connection with your audits of the statements of financial position of Operation Care as of June 30, 2008 and 2007 and the related statements of activities, functional expenses, and cash flows for the years then ended for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the financial position, changes in net assets, and cash flows of Operation Care in conformity with U.S. generally accepted accounting principles. We confirm that we are responsible for the fair presentation in the financial statements of financial position, changes in net assets, and cash flows in conformity with generally accepted accounting principles. We are also responsible for adopting sound accounting policies, establishing and maintaining effective internal control over financial reporting, and preventing and detecting fraud.

We confirm, to the best of our knowledge and belief, as of April 9, 2009, the following representations made to you during your audits.

- a. The financial statements referred to above are fairly presented in conformity with U.S. generally accepted accounting principles and include all assets and liabilities under the Organization's control.
- b. We have made available to you all—
 - a) Financial records and related data.
 - b) Minutes of the meetings of Board of Directors or summaries of actions of recent meetings for which minutes have not yet been prepared.
- c. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
- d. There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements.
- e. We believe the effects of the uncorrected financial statement misstatements summarized in the attached schedule are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.
- f. We acknowledge our responsibility for the design and implementation of programs and controls to prevent and detect fraud.

- g. We have no knowledge of any fraud or suspected fraud affecting the Organization involving—
 - a) Management,
 - b) Employees who have significant roles in internal control, or
 - c) Others where the fraud could have a material effect on the financial statements.
- h. We have no knowledge of any allegations of fraud or suspected fraud affecting the Organization received in communications from employees, former employees, grantors, regulators, or others.
- i. The Organization has no plans or intentions that may materially affect the carrying value or classification of assets, liabilities, or net asset balances.
- j. The following, if any, have been properly recorded or disclosed in the financial statements:
 - a) Related party transactions, including revenues, expenses, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties.
 - b) Guarantees, whether written or oral, under which the Organization is contingently liable.
 - c) All accounting estimates that could be material to the financial statements, including the key factors and significant assumptions underlying those estimates, and we believe the estimates are reasonable in the circumstances.
- k. There are no estimates that may be subject to a material change in the near term that have not been properly disclosed in the financial statements. We understand that *near term* means the period within one year of the date of the financial statements. In addition, we have no knowledge of concentrations existing at the date of the financial statements that make the organization vulnerable to the risk of severe impact that have not been properly disclosed in the financial statements.
- l. We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us; and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.
- m. Operation Care is an exempt organization under Section 501 c 3 of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the Organization's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.
- n. There are no—
 - a) Violations or possible violations of laws and regulations and provisions of contracts and grant agreements whose effects should be considered for disclosure in the financial statements, as a basis for recording a loss contingency, or for reporting on noncompliance.

- b) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with *Statement of Financial Accounting Standards No. 5*, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- c) Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by *Statement of Financial Accounting Standards No. 5*.
- d) Designations of net assets disclosed to you that were not properly authorized and approved, or reclassifications of net assets that have not been properly reflected in the financial statements.
- o. Except for the contingency on the safe house building as disclosed in the footnotes to the financial statements, the Organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged.
- p. We have complied with all restrictions on resources (including donor restrictions) and all aspects of contractual and grant agreements that would have a material effect on the financial statements in the event of noncompliance. This includes complying with donor requirements to maintain a specific asset composition necessary to satisfy their restrictions.
- q. As part of your audit, you prepared the draft financial statements and related notes. We have designated an individual with suitable skill, knowledge, or experience to oversee your services and have made all management decisions and performed all management functions. We have reviewed, approved, and accepted responsibility for those financial statements and related notes.

No events have occurred subsequent to the statement of financial position date and through the date of this letter that would require adjustment to, or disclosure in, the financial statements.

Signature: Jim Wilmoth Title: Treasurer

Signature: Lynn M. Shield Title: Executive Director

2007 Exempt Org. Return
prepared for:

OPERATION CARE
621 NEW YORK RANCH ROAD
JACKSON, CA 95642

Grant Bennett Associates
1425 River Park Dr. Ste. 250
Sacramento, CA 95815

GRANT BENNETT ASSOCIATES
1425 RIVER PARK DR. STE. 250
SACRAMENTO, CA 95815
(916) 922-5109

OPERATION CARE
621 NEW YORK RANCH ROAD
JACKSON, CA 95642

Dear Client:

Enclosed is your 2007 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page nine. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2009 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2007 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by June 15, 2009. Mail the California return on or before June 15, 2009 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 15, 2009. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2009 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

We suggest that your returns and estimates be mailed via certified mail, return receipt requested. Be sure to save the receipts. Please call us if you have any questions.

Sincerely,

GRANT BENNETT ASSOCIATES

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.C
OPERATION CARE
621 NEW YORK RANCH ROAD
JACKSON, CA 95642

D Employer Identification Number

94-2797327

E Telephone number

209-223-2897

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

G Web site: OPERATIONCARE.ORG

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 475,808.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | | |
|--|----------------|----------|--|-----------|--|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | | |
| a Contributions to donor advised funds | 1a | | | | |
| b Direct public support (not included on line 1a) | 1b | 55,574. | | | |
| c Indirect public support (not included on line 1a) | 1c | 5,805. | | | |
| d Government contributions (grants) (not included on line 1a) | 1d | 398,016. | | | |
| e Total (add lines 1a through 1d) (cash \$ 459,395. noncash \$) | 1e | 459,395. | | | |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 9,174. | | | |
| 3 Membership dues and assessments | 3 | | | | |
| 4 Interest on savings and temporary cash investments | 4 | 2. | | | |
| 5 Dividends and interest from securities | 5 | | | | |
| 6a Gross rents | 6a | | | | |
| b Less: rental expenses | 6b | | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | |
| 7 Other investment income (describe) ▶ | 7 | | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | 8a | | (B) Other | |
| b Less: cost or other basis and sales expenses | 8b | | | | |
| c Gain or (loss) (attach schedule) | 8c | | | | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | |
| a Gross revenue (not including \$ 18,881. of contributions reported on line 1b) | 9a | 6,073. | | | |
| b Less: direct expenses other than fundraising expenses | 9b | 5,160. | | | |
| c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | 913. | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| b Less: cost of goods sold | 10b | | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | 1,164. | | | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | 470,648. | | | |
| 13 Program services (from line 44, column (B)) | 13 | 428,177. | | | |
| 14 Management and general (from line 44, column (C)) | 14 | 75,768. | | | |
| 15 Fundraising (from line 44, column (D)) | 15 | | | | |
| 16 Payments to affiliates (attach schedule) | 16 | | | | |
| 17 Total expenses. Add lines 16 and 44, column (A) | 17 | 503,945. | | | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | -33,297. | | | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 315,475. | | | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | 282,178. | | | |

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--------------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 25a 63,136. | 56,822. | 6,314. | 0. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 25b 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 25c 0. | 0. | 0. | 0. |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 187,748. | 168,073. | 19,675. | |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | | | |
| 28 Employee benefits not included on lines 25a - 27 | 28 20,087. | 18,078. | 2,009. | |
| 29 Payroll taxes | 29 25,037. | 22,533. | 2,504. | |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 29,728. | 26,755. | 2,973. | |
| 32 Legal fees | 32 | | | |
| 33 Supplies | 33 29,780. | 25,971. | 3,809. | |
| 34 Telephone | 34 14,953. | 14,953. | | |
| 35 Postage and shipping | 35 1,812. | 1,463. | 349. | |
| 36 Occupancy | 36 44,262. | 31,829. | 12,433. | |
| 37 Equipment rental and maintenance | 37 3,453. | 2,613. | 840. | |
| 38 Printing and publications | 38 3,628. | 3,027. | 601. | |
| 39 Travel | 39 5,437. | 5,435. | 2. | |
| 40 Conferences, conventions, and meetings | 40 | | | |
| 41 Interest | 41 | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 11,826. | | 11,826. | |
| 43 Other expenses not covered above (itemize): a SEE STATEMENT 2 | 43a 63,058. | 50,625. | 12,433. | |
| b | 43b | | | |
| c | 43c | | | |
| d | 43d | | | |
| e | 43e | | | |
| f | 43f | | | |
| g | 43g | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 44 503,945. | 428,177. | 75,768. | 0. |

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.) |
|--|--|
| a <u>PROVIDE COUNSELING, ADVOCACY AND ACCOMPANYING SERVICES FOR SURVIVORS OF FAMILY/DOMESTIC VIOLENCE AND SEXUAL ASSAULT INCLUDING SAFE HOUSE SHELTER FOR WOMEN AND CHILDREN ESCAPING VIOLENCE, AND FOOD AND CLOTHING.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/> | 382,206. |
| b <u>OTHER PROGRAMS INCLUDE OPERATING A 24 HOUR CRISIS LINE FOR PEOPLE EXPERIENCING DEPRESSION, LONLINESS, SUBSTANCE ABUSE, STRESS, PARENTING DIFFICULTIES, TEENAGE CRISIS AND/OR CHILD ABUSE.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/> | 45,971. |
| c _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/> | |
| d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/> | |
| e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ | 428,177. |

BAA

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|---|--|---|--------------|--------------------|
| ASSETS | 45 Cash — non-interest-bearing | 50,588. | 45 | 2,763. |
| | 46 Savings and temporary cash investments | 505. | 46 | 3,427. |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | 89,489. | 49 | 106,299. |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 4,077. | 53 | 677. |
| | 54a Investments — publicly-traded securities | <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 54a | |
| | b Investments — other securities (attach sch) | <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 54b | |
| | 55a Investments — land, buildings, & equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c | |
| | 56 Investments — other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment: basis | 57a 294,822. | | |
| b Less: accumulated depreciation (attach schedule) | 57b 54,240. | 252,408. | 57c 240,582. | |
| 58 Other assets, including program-related investments (describe ► <u>SEE STATEMENT 5</u>) | | 7,998. | 58 6,746. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | | 405,065. | 59 360,494. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 40,538. | 60 | 25,402. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe ► <u>SEE STATEMENT 6</u>) | 49,052. | 65 | 52,914. |
| | 66 Total liabilities. Add lines 60 through 65 | 89,590. | 66 | 78,316. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 161,823. | 67 | 128,526. |
| | 68 Temporarily restricted | 153,652. | 68 | 153,652. |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 315,475. | 73 | 282,178. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 405,065. | 74 | 360,494. |

BAA

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| | |
|------------------|--|
| Part IV-A | Reconciliation of Revenue per Audited Financial Statements with Revenue per Return <i>(See the instructions.)</i> |
|------------------|--|

| | | | |
|----------|--|-----------|----------|
| a | Total revenue, gains, and other support per audited financial statements | a | 485,172. |
| b | Amounts included on line a but not on Part I, line 12: | | |
| | 1 Net unrealized gains on investments | b1 | |
| | 2 Donated services and use of facilities | b2 | 9,364. |
| | 3 Recoveries of prior year grants | b3 | |
| | 4 Other (specify): | b4 | |
| | Add lines b1 through b4 | b | 9,364. |
| c | Subtract line b from line a | c | 475,808. |
| d | Amounts included on Part I, line 12, but not on line a : | | |
| | 1 Investment expenses not included on Part I, line 6b. | d1 | |
| | 2 Other (specify): | d2 | -5,160. |
| | SEE STM 7 | | |
| | Add lines d1 and d2 | d | -5,160. |
| e | Total revenue (Part I, line 12). Add lines c and d | e | 470,648. |

| | |
|---|--|
| Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return | |
|---|--|

| | | | |
|---|------------|---|----------|
| a Total expenses and losses per audited financial statements..... | | a | 518,469. |
| b Amounts included on line a but not on Part I, line 17: | | | |
| 1 Donated services and use of facilities | b1 9,364. | | |
| 2 Prior year adjustments reported on Part I, line 20..... | b2 | | |
| 3 Losses reported on Part I, line 20..... | b3 | | |
| 4 Other (specify): | b4 | | |
| Add lines b1 through b4..... | | b | 9,364. |
| c Subtract line b from line a..... | | c | 509,105. |
| d Amounts included on Part I, line 17, but not on line a: | | | |
| 1 Investment expenses not included on Part I, line 6b..... | d1 | | |
| 2 Other (specify): | | | |
| SEE STMT 8 | d2 -5,160. | | |
| Add lines d1 and d2 | | d | -5,160. |
| e Total expenses (Part I, line 17). Add lines c and d..... | | e | 503,945. |

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

| | |
|-----|----|
| Yes | No |
|-----|----|

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|-----|---|
| 75b | X |
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|-----|--|---|
| 75c | | X |
|-----|--|---|

| | | |
|-----|---|--|
| 75d | X | |
|-----|---|--|

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|----|---|
| 76 | X |
|----|---|

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| 77 | | X |
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| 78a | X |
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| 78b | N/A |
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| 79 | | X |
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| 80 a | X |
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| 81b | X |
|-----|---|

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Part VI Other Information (continued)

| | | Yes | No |
|--|---|-----|----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | X | |
| 82 b | If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83 b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | N/A | |
| 85 b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | N/A | |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | |
| 85 c | Dues, assessments, and similar amounts from members | N/A | |
| 85 d | Section 162(e) lobbying and political expenditures | N/A | |
| 85 e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | N/A | |
| 85 f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | N/A | |
| 85 g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | |
| 85 h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | |
| 86 a | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | N/A | |
| 86 b | Gross receipts, included on line 12, for public use of club facilities | N/A | |
| 87 a | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | N/A | |
| 87 b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | N/A | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| 88 b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI | | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 89 b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. | | X |
| 89 c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 0 | |
| 89 d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | 0 | |
| 89 e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89 f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89 g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 90 a | List the states with which a copy of this return is filed ▶ CA | | |
| 90 b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | 7 | |
| 91 a | The books are in care of ▶ LYNN SHIELD Telephone number ▶ 209-223-2897 Located at ▶ 621 NEW YORK RANCH ROAD, JACKSON, CA ZIP + 4 ▶ 95642 | | |
| 91 b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |

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Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A ☐

and enter the amount of tax-exempt interest received or accrued during the tax year: 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a MARRIAGE LICENSE FEES | | | | | 9,174. |
| b OTHER | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments. | | | | | |
| g Fees & contracts from government agencies. | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts. | | | 14 | 2. | |
| 96 Dividends & interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property. | | | | | |
| b not debt-financed property. | | | | | |
| 98 Net rental income or (loss) from pers prop. | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory. | | | | | |
| 101 Net income or (loss) from special events. | | | | | 913. |
| 102 Gross profit or (loss) from sales of inventory. | | | | | |
| 103 Other revenue: a | | | | | |
| b MISCELLANEOUS | | | 1 | 1,164. | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)). | | | | 1,166. | 10,087. |
| 105 Total (add line 104, columns (B), (D), and (E)). | | | | | 11,253. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ALL | USED TO PROVIDE COUNSELING AND HOUSING TO VICTIMS OF DOMESTIC VIOLENCE. |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

| | | |
|---|-----|----|
| | Yes | No |
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. | | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|--------|--|--|-----------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

| | | |
|--|-----|----|
| | Yes | No |
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. | | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|--------|--|--|-----------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

| | | |
|---|-----|----|
| | Yes | No |
| 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | | X |

| | | | |
|---------------------------------|---|---|---|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | |
| | <div style="text-align: center;">CLIENT'S COPY</div> <div> <div>Signature of officer</div> <div>Date</div> </div> <div>Type or print name and title.</div> | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> |
| | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>GRANT BENNETT ASSOCIATES 1425 RIVER PARK DR. STE. 250 SACRAMENTO, CA 95815</div> </div> | <div> <div>4/14/09</div> <div>EIN 94-2692073</div> <div>Phone no. (916) 922-5109</div> </div> | <div> <div>Preparer's SSN or PTIN (See General Instruction X)</div> <div>P00125006</div> </div> |

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

Name of the organization

OPERATION CARE

Employer identification number

94-2797327

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000..... ► | | 0 | | |

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services..... ► | | 0 |

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services..... ► | | 0 |

Part III Statements About Activities (See instructions.)

Yes No

| | | | | |
|---|--|----|-----|-----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| SEE FORM 990, PART V | | | | |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X | |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3a | Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | 3b | | X |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement. | 3c | | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | X |
| 4a | Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. | 4a | | X |
| b | Did the organization make any taxable distributions under section 4966? | 4b | N/A | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N/A | |
| d | Enter the total number of donor advised funds owned at the end of the tax year. . . . ▶ | | | N/A |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . ▶ | | | N/A |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . ▶ | | | 0 |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶ | | | 0. |

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 0. |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|-------------|-------------|-------------|-------------|-----------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 504,574. | 636,323. | 367,832. | 525,739. | 2,034,468. |
| 16 Membership fees received | | | | | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose | 21,420. | 29,889. | 31,009. | 21,057. | 103,375. |
| 18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975. .. | 3. | 59. | 252. | 1,113. | 1,427. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. |
| 23 Total of lines 15 through 22 | 525,997. | 666,271. | 399,093. | 547,909. | 2,139,270. |
| 24 Line 23 minus line 17 | 504,577. | 636,382. | 368,084. | 526,852. | 2,035,895. |
| 25 Enter 1% of line 23 | 5,260. | 6,663. | 3,991. | 5,479. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 40,718. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 2,035,895. |
| d Add: Amounts from column (e) for lines: 18 <u>1,427.</u> 19 <u></u> 22 <u></u> 26b <u></u> | | | | | 26d 1,427. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 2,034,468. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 99.93 % |
| 27 Organizations described on line 12: N/A | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c _____ |
| d Add: Line 27a total. and line 27b total. | | | | | 27d _____ |
| e Public support (line 27c total minus line 27d total) | | | | | 27e _____ |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .. | | | | | 27f _____ |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g _____ % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h _____ % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|-----|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | | |
| | If you answered 'Yes' to either 34a or b, please explain using an attached statement. ----- ----- | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

| | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|----|--|-----------------------------------|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying)..... | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying)..... | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37)..... | 38 | |
| 39 | Other exempt purpose expenditures..... | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39)..... | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table — | | |
| | If the amount on line 40 is — | | |
| | The lobbying nontaxable amount is — | | |
| | Not over \$500,000..... 20% of the amount on line 40..... | | |
| | Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| | Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000..... \$1,000,000..... | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41)..... | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36..... | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38..... | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|--|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 | Lobbying nontaxable amount..... | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e))..... | | | | |
| 47 | Total lobbying expenditures..... | | | | |
| 48 | Grassroots non-taxable amount..... | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e))..... | | | | |
| 50 | Grassroots lobbying expenditures..... | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

| | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers..... | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.)..... | | | |
| c Media advertisements..... | | | |
| d Mailings to members, legislators, or the public..... | | | |
| e Publications, or published or broadcast statements..... | | | |
| f Grants to other organizations for lobbying purposes..... | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body..... | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means..... | | | |
| i Total lobbying expenditures (add lines c through h.)..... | | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

OPERATION CARE

Employer identification number

94-2797327

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions.)

General Rule —

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Employer identification number

94-2797327

Part I Contributors (See Specific Instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------|-----------------------------------|--|
| 1 | MULE CREEK STATE PRISON | \$ 13,249. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | |
| | | | |

Name of organization

Employer identification number

OPERATION CARE

94-2797327

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |
| | | \$ | |
| | | | |

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

OPERATION CARE

94-2797327

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once — see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|--------------------|--|
| | N/A | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SJ 67 200806 670
200911 2419536845
95642K
IRS USE ONLY29404-059-53124-9 A0172938 211/
942797327 TE 3Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074For assistance, call:
1-877-829-5500Notice Number: CP211A
Date: March 30, 2009Taxpayer Identification Number:
94-2797327
Tax Form: 990
Tax Period: June 30, 2008

045116.592833.0141.004 1 AT 0.346 370

OPERATION CARE
621 NEW YORK RANCH RD
JACKSON CA 95642-9328219

045116

**APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT
ORGANIZATION RETURN - APPROVED**

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to May 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

OPERATION CARE

94-2797327

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

| SPECIAL EVENTS | GROSS RECEIPTS | LESS CONTRI- BUTIONS | GROSS REVENUE | LESS DIRECT EXPENSES | NET INCOME (LOSS) |
|-----------------|-------------------|----------------------------|------------------|----------------------------|-------------------------|
| FACES OF AMADOR | 24,954. | 18,881. | 6,073. | 5,160. | 913. |
| TOTAL | \$ 24,954. | \$ 18,881. | \$ 6,073. | \$ 5,160. | \$ 913. |

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|-------------------------|--------------|----------------------------|--------------------------------|--------------------|
| ADVERTISING & PROMOTION | 16,012. | 14,532. | 1,480. | |
| CLIENT ASSISTANCE | 2,521. | 2,521. | | |
| INSURANCE | 9,475. | 7,404. | 2,071. | |
| MISCELLANEOUS | 11,933. | 4,129. | 7,804. | |
| OTHER OUTSIDE SERVICES | 2,890. | 2,601. | 289. | |
| TAXES AND LICENSES | 337. | 92. | 245. | |
| TRAINING | 7,620. | 7,299. | 321. | |
| UTILITIES | 12,270. | 12,047. | 223. | |
| TOTAL | \$ 63,058. | \$ 50,625. | \$ 12,433. | \$ 0. |

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE DIRECT SERVICES TO PEOPLE IN CRISIS IN AMADOR COUNTY.

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|-------------------------|-------------|-------------------|---------------|
| FURNITURE AND FIXTURES | \$ 603. | \$ 332. | \$ 271. |
| MACHINERY AND EQUIPMENT | 4,704. | 1,568. | 3,136. |
| BUILDINGS | 93,750. | 25,235. | 68,515. |
| IMPROVEMENTS | 164,515. | 27,105. | 137,410. |
| LAND | 31,250. | | 31,250. |
| TOTAL | \$ 294,822. | \$ 54,240. | \$ 240,582. |

OPERATION CARE

94-2797327

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

| | | |
|------------------------|----|---------------|
| DEPOSITS..... | \$ | 6,684. |
| EMPLOYEE ADVANCES..... | | 62. |
| TOTAL | \$ | <u>6,746.</u> |

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

| | | |
|------------------------|----|----------------|
| LINE OF CREDIT..... | \$ | 49,719. |
| OTHER LIABILITIES..... | | 3,195. |
| TOTAL | \$ | <u>52,914.</u> |

STATEMENT 7
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

| | | |
|-----------------------------|----|----------------|
| SPECIAL EVENT EXPENSES..... | \$ | -5,160. |
| TOTAL | \$ | <u>-5,160.</u> |

STATEMENT 8
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

| | | |
|-----------------------------|----|----------------|
| SPECIAL EVENT EXPENSES..... | \$ | -5,160. |
| TOTAL | \$ | <u>-5,160.</u> |

STATEMENT 9
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| BILL PRICE 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | PRESIDENT 0 | \$ 0. | \$ 0. | 0. |
| HAZEL JOYCE 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | VICE PRESIDENT 0 | 0. | 0. | 0. |

OPERATION CARE

94-2797327

STATEMENT 9 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| NIKKI ALLEN 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | \$ 0. | \$ 0. | \$ 0. |
| LYNN SHIELD 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | EXECUTIVE DIRE 40.00 | 63,136. | 0. | 0. |
| CAROLYN HENNINGS 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | SECRETARY 0 | 0. | 0. | 0. |
| JIM WILMARTH 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | TREASURER 0 | 0. | 0. | 0. |
| JACK MITCHELL 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| SUSAN ROSS 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| BARBARA WELLS 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| ROBERT ZENDER 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| | TOTAL | \$ 63,136. | \$ 0. | \$ 0. |

6/30/08

2007 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

94-2797327

OPERATION CARE

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAGE /BASIS REDUCT. | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----------------------------|-------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|------------------------------|----------------|----------------|--------|------|------|------------------|
| FORM 990/990-PF | | | | | | | | | | | | | | | | |
| BUILDINGS | | | | | | | | | | | | | | | | |
| 5 | BUILDING (SAFEHOUSE) | | | 93,750 | | | | | | | 93,750 | 17,830 | | S/L | 30 | 0 |
| TOTAL BUILDINGS | | | | | | | | | | | | | | | | |
| | IMPROVEMENTS | | | 93,750 | | 0 | 0 | 0 | 0 | 0 | 93,750 | 17,830 | | | | 0 |
| 4 AIR CONDITIONER | | | | | | | | | | | | | | | | |
| | IMPROVEMENTS | | | 3,600 | | | | | | | 3,600 | 880 | | S/L | 30 | 0 |
| TOTAL IMPROVEMENTS | | | | | | | | | | | | | | | | |
| | LAND | | | 3,600 | | 0 | 0 | 0 | 0 | 0 | 3,600 | 880 | | | | 0 |
| 6 LAND | | | | | | | | | | | | | | | | |
| | LAND | | | 31,250 | | | | | | | 31,250 | | | | | 0 |
| TOTAL LAND | | | | | | | | | | | | | | | | |
| | LAND | | | 31,250 | | 0 | 0 | 0 | 0 | 0 | 31,250 | 0 | | | | 0 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | DISHWASHER (SAFE HOUSE) | 3/10/98 | | 235 | | | | | | | 235 | 235 | | S/L | 5 | 0 |
| 2 | WASHER (SAFE HOUSE) | 3/10/98 | | 262 | | | | | | | 262 | 262 | | S/L | 5 | 0 |
| 3 | DRYER (SAFE HOUSE) | 3/10/98 | | 286 | | | | | | | 286 | 286 | | S/L | 5 | 0 |
| TOTAL MACHINERY AND EQUIPME | | | | | | | | | | | | | | | | |
| | MACHINERY AND EQUIPME | | | 783 | | 0 | 0 | 0 | 0 | 0 | 783 | 783 | | | | 0 |
| TOTAL DEPRECIATION | | | | | | | | | | | | | | | | |
| | TOTAL DEPRECIATION | | | 129,383 | | 0 | 0 | 0 | 0 | 0 | 129,383 | 19,493 | | | | 0 |

2007

California Exempt Organization
Annual Information Return

199

For calendar year 2007 or fiscal year beginning month 07 day 01 year 2007, and ending month 06 day 30 year 2008

IMPORTANT: Your number is required.

California corporation number

Federal employer identification number (FEIN)

2994392-5

94-2797327

Corporation/Organization name

OPERATION CARE

Address (including suite, room, or PMB no.)

621 NEW YORK RANCH ROAD

City

State ZIP Code

JACKSON, CA 95642

A Final return? Check applicable box.

☐ Yes ☒ No
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized
(attach explanation)

If a box is checked, enter date

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S ☐ 100W Fed: ☒ 990Fed: ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box.
See General Instruction F. No filing fee is required.☐D Is this a group filing? See General Instruction N ☐ Yes ☒ NoE Accounting method used. ACCRUALF Type of organization ☒ Exempt under Section 23701 D (insert letter)☐ IRC Section 4947(a)(1) trust**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

| | | | | |
|--|----|---|----|----------|
| Receipts and Revenues (Enclose, but do not staple, any payment.) | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 16,413. |
| | 2 | Gross dues and assessments from members and affiliates. | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. See instructions. <u>SEE SCH. B</u> | 3 | 459,395. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. | 4 | 475,808. |
| | 5 | Cost of goods sold | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 475,808. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 509,105. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | -33,297. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F. | 11 | 10. |
| | 12 | Penalty for failure to file on time. See General Instruction L. | 12 | |
| | 13 | Use tax. See 'General Instruction M'. | 13 | |
| | 14 | Balance due. Add line 11, line 12, and line 13. | 14 | 10. |

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ☐ Yes ☒ No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ☐ Yes ☒ No

17 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If 'Yes,' enter amount of gross receipts from nonmember sources... \$

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? ☐ Yes ☒ No

If 'Yes,' enter amount of total income reported.... \$

19 The financial records are in care of. LYNN SHIELD Daytime telephone 209-223-2897

located at 621 NEW YORK RANCH ROAD, JACKSON, CA 95642

| | | |
|---------------------------------|--|--|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | |
| | CLIENT'S COPY Signature of officer _____ Date _____ | Title _____ • 209-223-2897 Daytime telephone |
| Paid Preparer's Use Only | Paid Preparer's signature _____ Date 4/14/09 Firm's name (or yours, if self-employed) and address <u>GRANT BENNETT ASSOCIATES</u> <u>1425 RIVER PARK DR. STE. 250</u> <u>SACRAMENTO, CA 95815</u> | Check if self-employed <input type="checkbox"/> Paid preparer's SSN or PTIN • P00125006 FEIN • 94-2692073 Daytime telephone (916) 922-5109 |

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | |
|-----------------------------|----|--|----|----------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | 1 | |
| | 2 | Interest | 2 | 2. |
| | 3 | Dividends | 3 | |
| | 4 | Gross rents | 4 | |
| | 5 | Gross royalties | 5 | |
| | 6 | Gross amount received from sale of assets | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | 7 | 16,411. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | 8 | 16,413. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | 9 | |
| | 10 | Disbursements to or for members | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2 | 11 | 63,136. |
| | 12 | Other salaries and wages | 12 | 187,748. |
| | 13 | Interest | 13 | |
| | 14 | Taxes | 14 | 25,037. |
| | 15 | Rents | 15 | 44,262. |
| | 16 | Depreciation and depletion | 16 | 11,826. |
| | 17 | Other. Attach schedule. SEE STATEMENT 3 | 17 | 177,096. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | 18 | 509,105. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|---------------------------|---|---------------------------|----------|---------------------|----------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 51,093. | | 6,190. |
| 2 | Net accounts receivable | | 89,489. | | 106,299. |
| 3 | Net notes receivable. Attach schedule | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds. Attach schedule | | | | |
| 7 | Investments in stock. Attach schedule | | | | |
| 8 | Mortgage loans (number of loans _____) | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10a | Depreciable assets | 263,572. | | 263,572. | |
| b | Less accumulated depreciation | 42,414. | 221,158. | 54,240. | 209,332. |
| 11 | Land | | 31,250. | | 31,250. |
| 12 | Other assets. Attach schedule. ST. 4 | | 12,075. | | 7,423. |
| 13 | Total assets | | 405,065. | | 360,494. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 40,538. | | 25,402. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable. Attach schedule | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule. ST. 5 | | 49,052. | | 52,914. |
| 19 | Capital stock or principle fund | | 315,475. | | 282,178. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 405,065. | | 360,494. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

| | | | | | |
|---|---|----------|----|--|----------|
| 1 | Net income per books | -33,297. | 7 | Income recorded on books this year not included in this return. Attach schedule | |
| 2 | Federal income tax | | 8 | Deductions in this return not charged against book income this year. Attach schedule | |
| 3 | Excess of capital losses over capital gains | | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | | 10 | Net income per return. Subtract line 9 from line 6 | -33,297. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | | | |
| 6 | Total. Add line 1 through line 5 | -33,297. | | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

OPERATION CARE

Employer identification number

94-2797327

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions.)

General Rule —

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

OPERATION CARE

94-2797327

Part I Contributors (See Specific Instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|-----------------------------------|-----------------------------------|---|
| 1 | MULE CREEK STATE PRISON | \$ 13,249. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Employer identification number

94-2797327

Part II

[illegible]

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Employer identification number

94-2797327

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|--|--|
| | N/A | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |

2007**Corporation Depreciation and Amortization****3885**

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

OPERATION CARE

2994392-5

Part I Election to Expense Certain Property Under IRC Section 179

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 | Total cost of Section 179 property placed in service | 2 | |
| 3 | Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property (elected Section 179 cost) | 7 | |
| 8 | Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from prior years | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Deprecia- tion method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|----|--|-------------------------|-------------------------------|--|------------------------------------|------------------------|--------------------------------------|---|
| | DISHWASHER (SAFE | 3/10/98 | 235. | 235. | S/L | 5 | | |
| | WASHER (SAFE HOU | 3/10/98 | 262. | 262. | S/L | 5 | | |
| | DRYER (SAFE HOUS | 3/10/98 | 286. | 286. | S/L | 5 | | |
| | AIR CONDITIONER | | 3,600. | 880. | S/L | 30 | | |
| | BUILDING (SAFEHO | | 93,750. | 17,830. | S/L | 30 | | |
| | LAND | | 31,250. | | | 0 | | |
| 15 | Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). | | | | | | 15 | |

Part III Summary

| | | | |
|----|---|----|--|
| 16 | Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). | 16 | |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|----|--|-------------------------|-------------------------------|---|---------------------------------------|--------------------------------|--------------------------------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 20 | Total. Add the amounts in column (g). | | | | | | 20 |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. | | | | | | 22 |

OPERATION CARE

94-2797327

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

| | | |
|---------------------------------|----|----------------|
| INCOME FROM SPECIAL EVENTS..... | \$ | 6,073. |
| MISCELLANEOUS..... | | 1,164. |
| PROGRAM SERVICE REVENUE..... | | 9,174. |
| TOTAL | \$ | <u>16,411.</u> |

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| BILL PRICE 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | PRESIDENT 0 | \$ 0. | \$ 0. | \$ 0. |
| HAZEL JOYCE 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | VICE PRESIDENT 0 | 0. | 0. | 0. |
| NIKKI ALLEN 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| LYNN SHIELD 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | EXECUTIVE DIREC 40.00 | 63,136. | 0. | 0. |
| CAROLYN HENNINGS 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | SECRETARY 0 | 0. | 0. | 0. |
| JIM WILMARTH 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | TREASURER 0 | 0. | 0. | 0. |
| JACK MITCHELL 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| SUSAN ROSS 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |
| BARBARA WELLS 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | 0. | 0. | 0. |

OPERATION CARE

94-2797327

STATEMENT 2 (CONTINUED)
 FORM 199, PART II, LINE 11
 COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| ROBERT ZENDER 621 NEW YORK RANCH ROAD JACKSON, CA 95642 | DIRECTOR 0 | \$ 0. | \$ 0. | \$ 0. |
| TOTAL | | \$ 63,136. | \$ 0. | \$ 0. |

STATEMENT 3
 FORM 199, PART II, LINE 17
 OTHER EXPENSES

| | |
|---------------------------------------|-------------|
| ACCOUNTING FEES..... | \$ 29,728. |
| ADVERTISING & PROMOTION..... | 16,012. |
| CLIENT ASSISTANCE..... | 2,521. |
| EQUIPMENT RENTAL AND MAINTENANCE..... | 3,453. |
| INSURANCE..... | 9,475. |
| MISCELLANEOUS..... | 11,933. |
| OTHER EMPLOYEE BENEFIT..... | 20,087. |
| OTHER OUTSIDE SERVICES..... | 2,890. |
| POSTAGE AND SHIPPING..... | 1,812. |
| PRINTING AND PUBLICATIONS..... | 3,628. |
| SPECIAL EVENT EXPENSES..... | 5,160. |
| SUPPLIES..... | 29,780. |
| TAXES AND LICENSES..... | 337. |
| TELEPHONE..... | 14,953. |
| TRAINING..... | 7,620. |
| TRAVEL..... | 5,437. |
| UTILITIES..... | 12,270. |
| TOTAL | \$ 177,096. |

STATEMENT 4
 FORM 199, SCHEDULE L, LINE 12
 OTHER ASSETS

| | |
|--|-----------|
| DEPOSITS..... | 6,684. |
| EMPLOYEE ADVANCES..... | 62. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 677. |
| TOTAL | \$ 7,423. |

2007

CALIFORNIA STATEMENTS

PAGE 3

OPERATION CARE

94-2797327

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | |
|------------------------|----------------|
| LINE OF CREDIT..... | 49,719. |
| OTHER LIABILITIES..... | 3,195. |
| TOTAL \$ | <u>52,914.</u> |

6/30/08

2007 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

OPERATION CARE

94-2797327

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179/ BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAGE /BASIS REDUCT. | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----------------------------|-------------------------|------------------|--------------|----------------|--------------|----------------------|----------------------------|--------------------------------------|----------------------------|------------------------------|----------------|----------------|--------|------|------|------------------|
| FORM 199 | | | | | | | | | | | | | | | | |
| BUILDINGS | | | | | | | | | | | | | | | | |
| 5 | BUILDING (SAFEHOUSE) | | | 93,750 | | | | | | | 93,750 | 17,830 | S/L | 30 | | 0 |
| TOTAL BUILDINGS | | | | | | | | | | | | | | | | |
| | IMPROVEMENTS | | | 93,750 | | 0 | 0 | 0 | 0 | 0 | 93,750 | 17,830 | | | | 0 |
| 4 AIR CONDITIONER | | | | | | | | | | | | | | | | |
| | IMPROVEMENTS | | | 3,600 | | | | | | | 3,600 | 880 | S/L | 30 | | 0 |
| TOTAL IMPROVEMENTS | | | | | | | | | | | | | | | | |
| | LAND | | | 3,600 | | 0 | 0 | 0 | 0 | 0 | 3,600 | 880 | | | | 0 |
| 6 LAND | | | | | | | | | | | | | | | | |
| | LAND | | | 31,250 | | | | | | | 31,250 | | | | | 0 |
| TOTAL LAND | | | | | | | | | | | | | | | | |
| | LAND | | | 31,250 | | 0 | 0 | 0 | 0 | 0 | 31,250 | 0 | | | | 0 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | DISHWASHER (SAFE HOUSE) | 3/10/98 | | 235 | | | | | | | 235 | 235 | S/L | 5 | | 0 |
| 2 | WASHER (SAFE HOUSE) | 3/10/98 | | 262 | | | | | | | 262 | 262 | S/L | 5 | | 0 |
| 3 | DRYER (SAFE HOUSE) | 3/10/98 | | 286 | | | | | | | 286 | 286 | S/L | 5 | | 0 |
| TOTAL MACHINERY AND EQUIPME | | | | | | | | | | | | | | | | |
| | LAND | | | 783 | | 0 | 0 | 0 | 0 | 0 | 783 | 783 | | | | 0 |
| TOTAL DEPRECIATION | | | | | | | | | | | | | | | | |
| | LAND | | | 129,383 | | 0 | 0 | 0 | 0 | 0 | 129,383 | 19,493 | | | | 0 |

6/30/08

2007 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

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OPERATION CARE

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179/ BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT. | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|--------------------------|-------------|------------------|--------------|----------------|--------------|----------------------|----------------------------|--------------------------------------|----------------------------|-----------------------------|----------------|----------------|--------|------|------|------------------|
| GRAND TOTAL DEPRECIATION | | | | | | | | | | | | | | | | |
| | | | | 129,383 | | 0 | 0 | 0 | 0 | 0 | 129,383 | 19,493 | | | | 0 |

IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



| | | |
|---|--|--|
| State Charity Registration Number <u>CT44499</u> | | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report |
| OPERATION CARE Name of Organization | | Corporate or Organization No. <u>2994392-5</u> Federal Employer ID No. <u>94-2797327</u> |
| <u>621 NEW YORK RANCH ROAD</u> Address (Number and Street) | | |
| <u>JACKSON, CA 95642</u> City or Town State ZIP Code | | |

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/07 ending 6/30/08) list:
Gross annual revenue \$ 470,648 Total assets \$ 360,494

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did non-program expenditures exceed 50% of gross revenues? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <u>SEE STATEMENT 1</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. <u>SEE STATEMENT 2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Organization's area code and telephone number 209-223-2897

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date

STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

OFFICE OF EMERGENCY SERVICES
3650 SCHRIEVER AVENUE
SACRAMENTO, CA 95655-4203

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
1501 CAPITOL AVENUE, SUITE 71
SACRAMENTO, CA 95899

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
1800 THRID STREET, ROOM 350
SACRAMENTO, CA 95814

COUNTY OF AMADOR

STATEMENT 2
FORM RRF-1, PART B, LINE 7
NUMBER AND DATES OF RAFFLES

ONE RAFFLE HELD IN AUGUST 2007.